

**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
REQUEST FOR REINSTATEMENT OF SUSPENDED AUTHORITIES**

NAME OF COMPANY	T-NUMBER OR PSG- NUMBER
ADDRESS	
CITY, STATE, ZIP CODE	
AREA CODE AND TELEPHONE NUMBER	

RETURN COMPLETED FORM TO:
CALIFORNIA PUBLIC UTILITIES COMMISSION
LICENSE SECTION
505 VAN NESS AVENUE
SAN FRANCISCO CA, 94102

This form is to be completed and returned at the time you desire reinstatement of your authorities from voluntary suspension. In addition you must have all required insurance(s) on file. Failure to accurately complete this form may delay reinstatement of your authorities.

THE UNDERSIGNED REQUESTS THE REINSTATEMENT OF THE OPERATING AUTHORITIES CHECKED BELOW:

- | | |
|---|--|
| <input type="checkbox"/> HOUSEHOLD GOODS CARRIER PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "A" CERTIFICATE |
| <input type="checkbox"/> CHARTER PARTY "P" PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "B" CERTIFICATE |
| <input type="checkbox"/> CHARTER PARTY "S" PERMIT | <input type="checkbox"/> CHARTER PARTY CLASS "C" CERTIFICATE |
| <input type="checkbox"/> CHARTER PARTY "Z" PERMIT | |

INSURANCE AGENT OR BROKER

POLICY # _____

NAME: _____ PHONE: () _____

AREA CODE

TELEPHONE NUMBER

ADDRESS: _____

STREET ADDRESS

CITY

COUNTY

ZIP CODE

THIS REQUEST MUST BE ACCOMPANIED BY A COMPLETED:

Household Goods Carriers:

TL706-D (Report of Equipment)

Passenger Carriers:

PL664 (Equipment Statement/Vehicle Inspection)

CERTIFICATION

I certify under penalty of perjury that the foregoing list and any attachments of all vehicles used in transportation for compensation by the carrier are true and correct. Where the CPUC operating authority is held by corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf.

Date: _____

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer